Status: Finalized

I. Center Identification

Organization Name: SURGERY CENTER OF EYE SPECIALISTS OF INDIANA

Street Address: 1901 N. Meridian Street

City: Indianapolis

County: Marion

Administrator Name: Jennifer Knepp

Administrator Email: esisurgery1@gmail.com

ASC Web Address:

Fiscal Year: 2016

Accredited: • Yes • No

Name of Accrediting Body:

Deemed Status: O Yes O No

Corporate Tax Status: • For Profit • Non Profit

II. Identification of Surgical Resources

Number of operating rooms	2	
Number of procedure rooms	0	

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	6789	6789
B. Ten Most Frequent Surgical Procedures Perfo	ormed	
CPT Code		Total Procedures
66984		3797
66982		384
66821		2608

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	0
a surgical encounter.	